



**THE HANDICRAFTS & HANDLOOMS EXPORTS CORPORATION OF INDIA
LIMITED**

A-2, SECTOR-2, UDYOG MARG, NOIDA 201 301

PHONE: 0091 120 2539156, E-MAIL: hhecnd@hhecworld.in

Paste your
Photograph Here &
Sign

CRAFTMAN / ARTISAN/ WEAVER - REGISTRATION FORM

NAME OF PRODUCTS:

1.	NAME OF THE PERSON / ARTISAN / FIRM (WHETHER PROPRIETORSHIP, PARTNERSHIP, FIRM, PVT LTD. COMPANY, HUF, TRUST, CO – OPERATIVE SOCIETY, NGOS) ATTESTED COPY OF THE DOCUMENT TO BE ENCLOSED	
2.	NAME OF THE AUTHORISED PERSON FOR CONTACTING ON BEHALF OF THE FIRM	
3.	CATEGORY – (WHETHER AN ARTISAN, CRAFTSPERSON, CRAFTSWOMAN, WEAVER, NATIONAL AWARDEE, STATE AWARDEE, MANUFACTURER, TRADER ETC.)	
4.	AGE AND EDUCATIONAL QUALIFICATION	
5.	COMPLETE FACTORY / OFFICE ADDRESS AND PHONE NO./ FAX NO. / E – MAIL ID	
6.	COMPLETE RESIDENTIAL ADDRESS AND PHONE NO. / FAX NO. / STD CODE	

7.	NAME OF INSTITUTION / WORKSHOP WHERE TRAINING WAS RECEIVED AND PERIOD OF TRAINING	
8.	NAME OF ART/CRAFT IN WHICH TRAINED	
9.	WHETHER PARTICIPATED IN ANY STATE/ NATIONAL /INTERNATIONAL EXHIBITION(S)	
10	WHETHER ANY RECOGNITION AT STATE LEVEL/ NATIONAL LEVEL RECEIVED	
11	INDICATE YOUR OBJECTIVE IN THE TRADE	
12	YOUR CONTRIBUTION (IF ANY)TOWARDS ART/CRAFT DEVELOPMENT	
13	DETAILS OF PRODUCTS AND PRODUCTION CAPACITY PER DAY , WEEK , MONTH, YEAR	
14	NO. OF EMPLOYEES AT YOUR WORK PLACE : MAJOR/ MINOR MALE/ FEMALE	
15	INDICATE ANY RELATIONSHIP FOR KNOWN PERSON IN HHEC	
16	WHETHER ANY OTHER FAMILY MEMBER IS ENGAGED IN THE SAME TRADE MENTION NAMES	
17	WHETHER ANY FAMILY MEMBER / RELATIVE OR FRIEND IS SUPPLYING MERCHANDISE TO HHEC	

18	(A) MODE OF PAYMENT (B) NAMES & ADDRESS ALONGWITH ACCOUNT NUMBER OF THE BANK WHERE SUPPLIER HAS ACCOUNT	
19	WHETHER YOU ARE AN EXPORTER OR SUPPLIER TO EXPORTERS	
20	SUPPLIER HAS TO ENSURE NOT TO SUPPLY THE GOOD ELSEWHERE MADE AS PER DESIGN / SPECIFICATIONS OF HHEC	
21	MAJOR BUSINESS HOUSE / FIRM / EXPORT HOUSE TO WHOM YOU MAKE SUPPLIES	
22	SUPPLIER HAS TO ENSURE NOT TO USE ANY PICTURE WORD , DESIGN , ETC. ON ITEMS TO BE SUPPLIED TO HHEC WHICH REGISTERED UNDER COPYRIGHTS ACT OF ANY OTHER PARTY	
23	ANY OTHER INFORMATION	

Caste Category	
General	
Scheduled Caste (SC)	
Scheduled tribes (ST)	
Others backwards Classes (OBC)	

Declaration

"IT IS HEREBY DECLARED THAT THE ABOVE INFORMATION FILLED IN BY ME/US IS TRUE TO THE BEST OF MY / OUR KNOWLEDGE."

DATE

SIGNATURE OF THE SUPPLIER

MANAGER

ED

CMD